

FEC
FORM 3

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

HAND DELIVERED

RECEIVED

2014 JAN 31 PM 1:50
Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

COMMITTEE TO REELECT TOM FOLEY

ADDRESS (number and street)

11253 C STREET SE

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003-2297

2. FEC IDENTIFICATION NUMBER ▼

C00002592

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT

NEW
(N)

OR

X

AMENDED
(A)

WA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

in the
State of

5. Covering Period

07/01/2013

through

09/30/2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HEATHER S. FOLEY

Signature of Treasurer

Heather S. Foley

Date

01/31/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)